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Improving Maternal and Newborn Health through Income Generating Activities (IGA) of Mothers Saving and Loan Clubs in Northern Nigeria



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**JHPIEGO in partnership with
John Snow Incorporated, Save the Children,
PATH, JHU-IIP, Broad Branch,
PSI, Macro International**

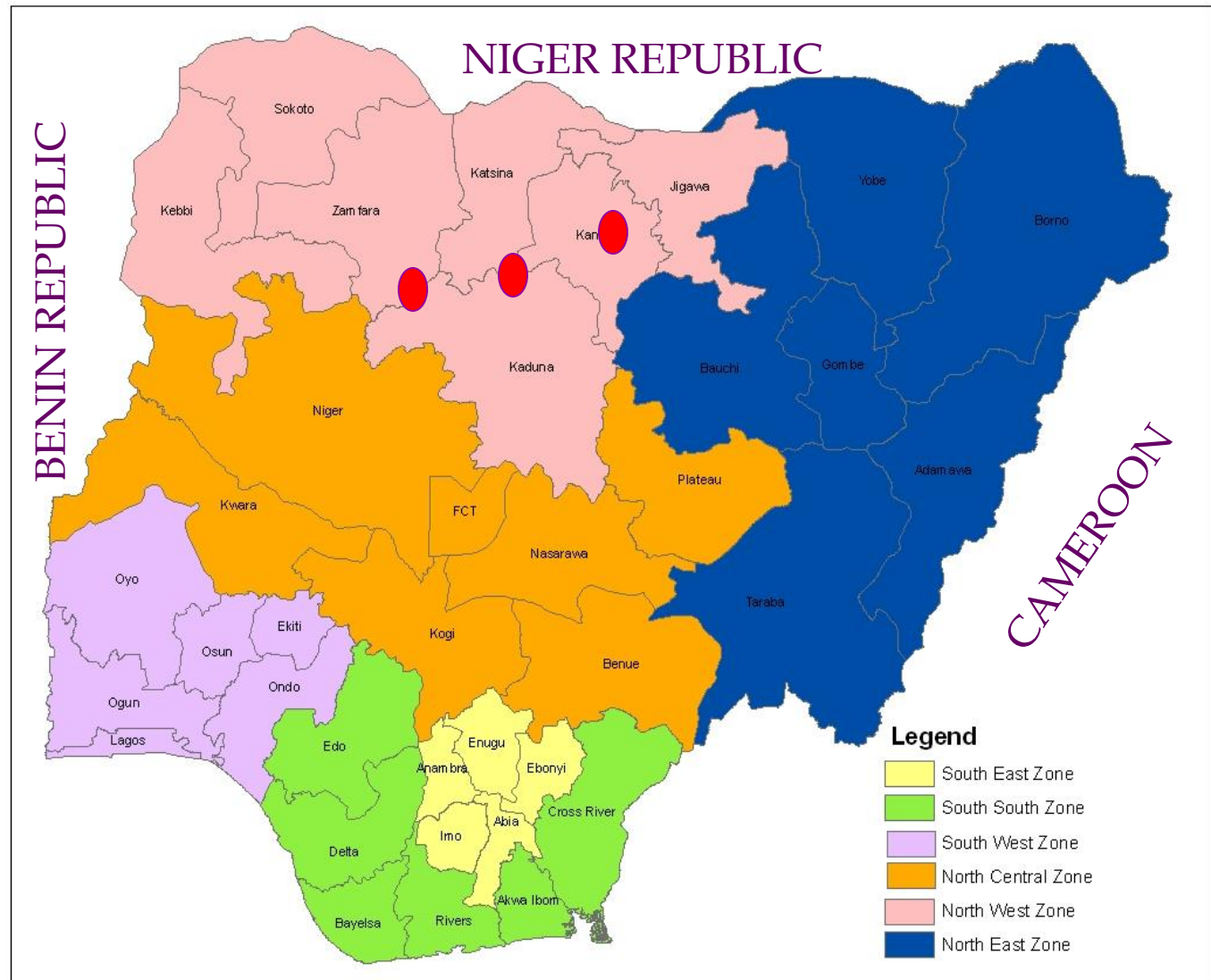
Outline

- Background
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Nigeria's 6 Geopolitical zones

Population
 from 2006
 Census:
 140 million

 Project
 States



- Women in Kano and Zamfara States are significantly poorer than men
- The women also have little access to education and are predominantly confined to domestic activities and few economic opportunities
- Causes of maternal death in Northern Nigeria are associated with cost of health care services, gender-based violence, women's low status and lack of economic independence/decision making power

ACCESS Program Overview

- **General Objective:** Increased utilization of quality EmONC Services by pregnant women, mothers and their newborns as an entry point to postpartum family planning
- **Coverage:** Initiated in 4 selected LGAs in two Northern states (Kano and Zamfara). Now in 28 LGAs in 3 states (Kano, Katsina and Zamfara), supporting 57 health facilities
- **Program Timeline:** January 06 to September 09. Migrated to MCHIP in July FY09 to end Dec FY10.

Introduction

- From June 2008 to date over 40 savings clubs were formed in its 4 initial LGAs in Kano and Zamfara States with over 800 membership.
- Activity of 20 of clubs were assessed for the purpose of the study
- The core activity of the clubs is promoted under the community mobilization process which includes:
 - mobilizing members' financial savings for improving health care seeking behaviors among pregnant mothers
 - income generation and asset creation and
 - implementing activities for social and economic development.

Study Objectives

- To know the composition and management structure of the clubs
- To understand how record of contributions and the amount given out to members as loans are kept
- To know how the clubs determine who needs financial assistance for EmONC
- To determine the number of beneficiaries who had access to emergency loans for maternal and newborn health care

Study methodology

- A total of 20 clubs were randomly selected
- Participants for the FGDs were also randomly selected from the lists of members available
- Registers were reviewed to determine number of members
- Account books of the clubs were reviewed
- 4 Focus Group Discussions conducted
- In-depth interviews with key beneficiaries



Findings/Results

- All the clubs have registers stating the names of members
- A total of 437 women are members of the 20 clubs studied with the least having 103 members and the highest having 112 women as members
- All members are women of reproductive age and older women
- Each club has a leader, secretary and treasurer
- There is also a welfare committee – oversee security, welfare and resolve conflicts

Findings/Results contd.

- **Members of the 20 Tallafi Mata Masu Dubara (TMMD) clubs operate and maintain (2) two major savings portfolios every week on a regular basis.**
- **The first savings is**
 - collected for making small interest bearing loans to their members and
 - the interest charged ranges from 5 to 20 percent
- **The second savings is**
 - collected for emergency obstetric and newborn care (EmONC) and
 - it does not attract any interest because it is meant to solve emergency health problems for pregnant mothers and their newborn.

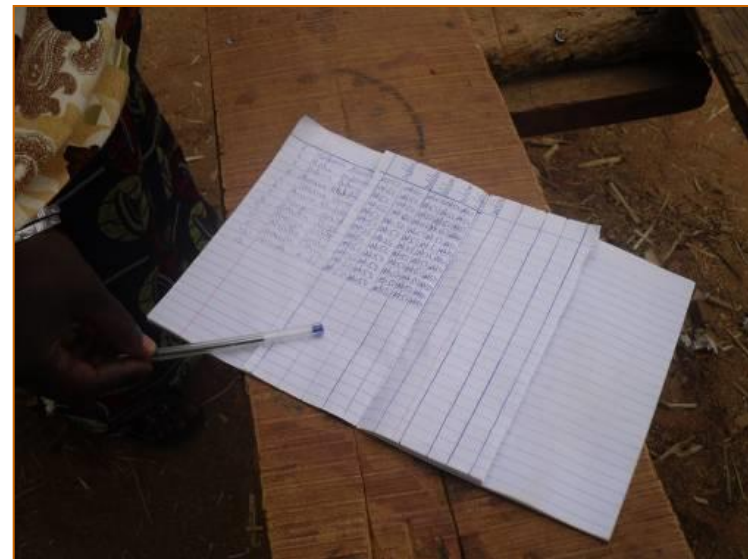


Findings/Results contd.

- The group lending approach is followed as stipulated in the clubs constitution, wherein loans are provided to individual members based on group guarantee, i.e. members of the group guarantee repayment of other member's loan in case of default
- Loan size for entrepreneurship is relatively large ranging from N3000 (\$20) to a maximum of N10000 (\$67), while the loan size for emergency obstetric and newborn care ranges from N2000 (\$13) to a maximum of N5000 (\$33)

Findings/Results contd.

- There is a record book designed for weekly collection of contributions
- The record book contains columns with names of members, weekly amount contributed by members for economic empowerment and emergencies
- On this same record book is a column that tracks amount given to members as loans
- A separate record book is operated for fines when the rules and regulations of the club are broken



Findings/Results contd.

- Any member of the club that needs financial assistance for EmONC makes her intention known during the meeting
- Other members of the community who need loans for EmONC and are not members of the TMMD club must make their requests through a registered member or through a Community Core Group member in that community who will stand as their guarantors

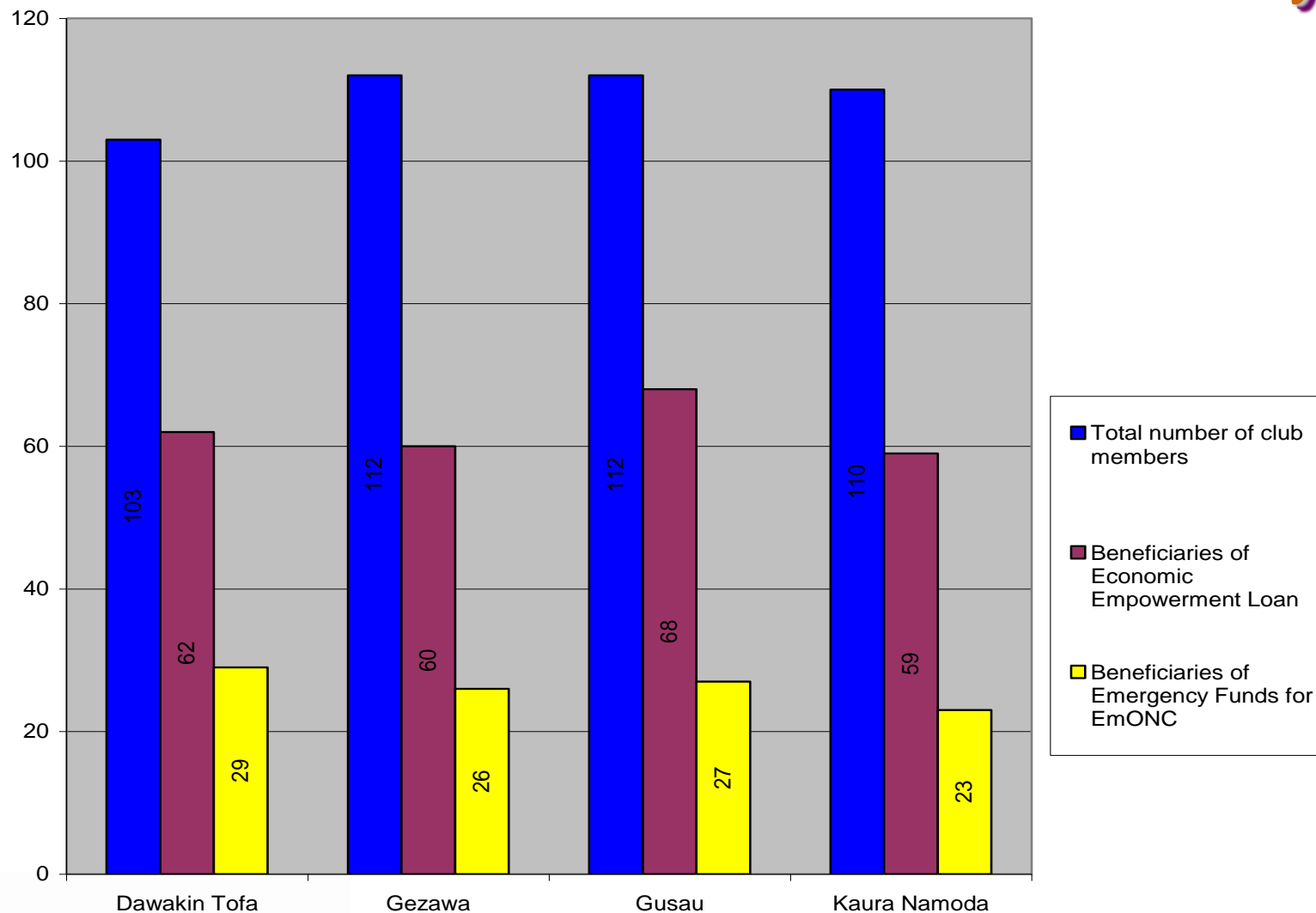




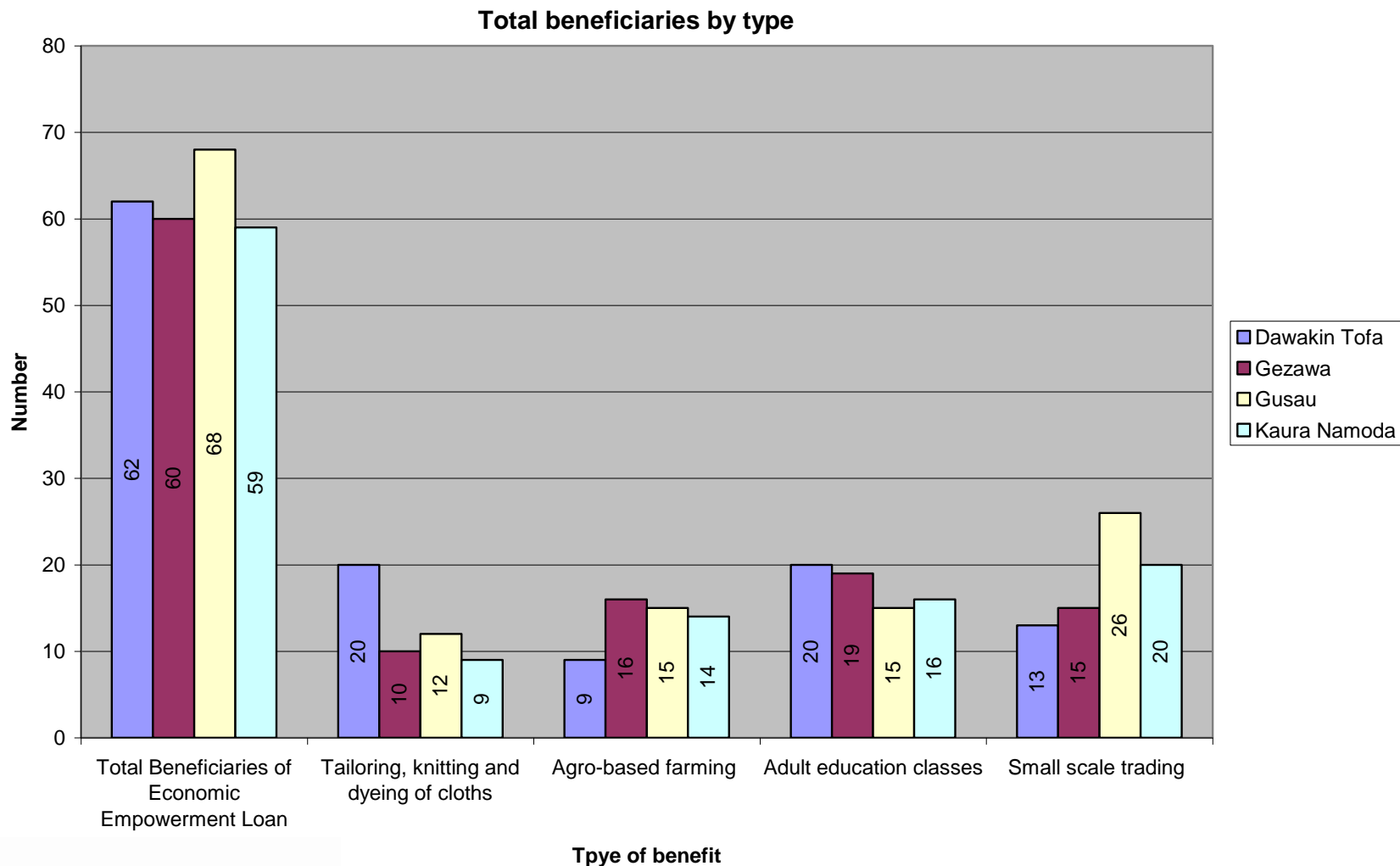
Table 1: Contributions (in Naira) of TMMD Clubs in ACCESS/MCHIP Supported LGAs (As at June 2010)

	D/Tofa	Gezawa	Gusau	K/Namoda	Total
Total amount contributed towards economic empowerment	319,200	200,160	432,200	528,000	1,479,560
Total amount contributed for emergencies (EmONC)	78,000	46,000	150,900	164,000	438,900
Total loan disbursed for economic empowerment	159,600	100,080	216,100	264,000	739,780
Total loan disbursed for emergencies (EmONC)	31,200	18,400	60,360	65,600	175,560
Total loan disbursed	190,800	118,400	276,460	329,600	915,260

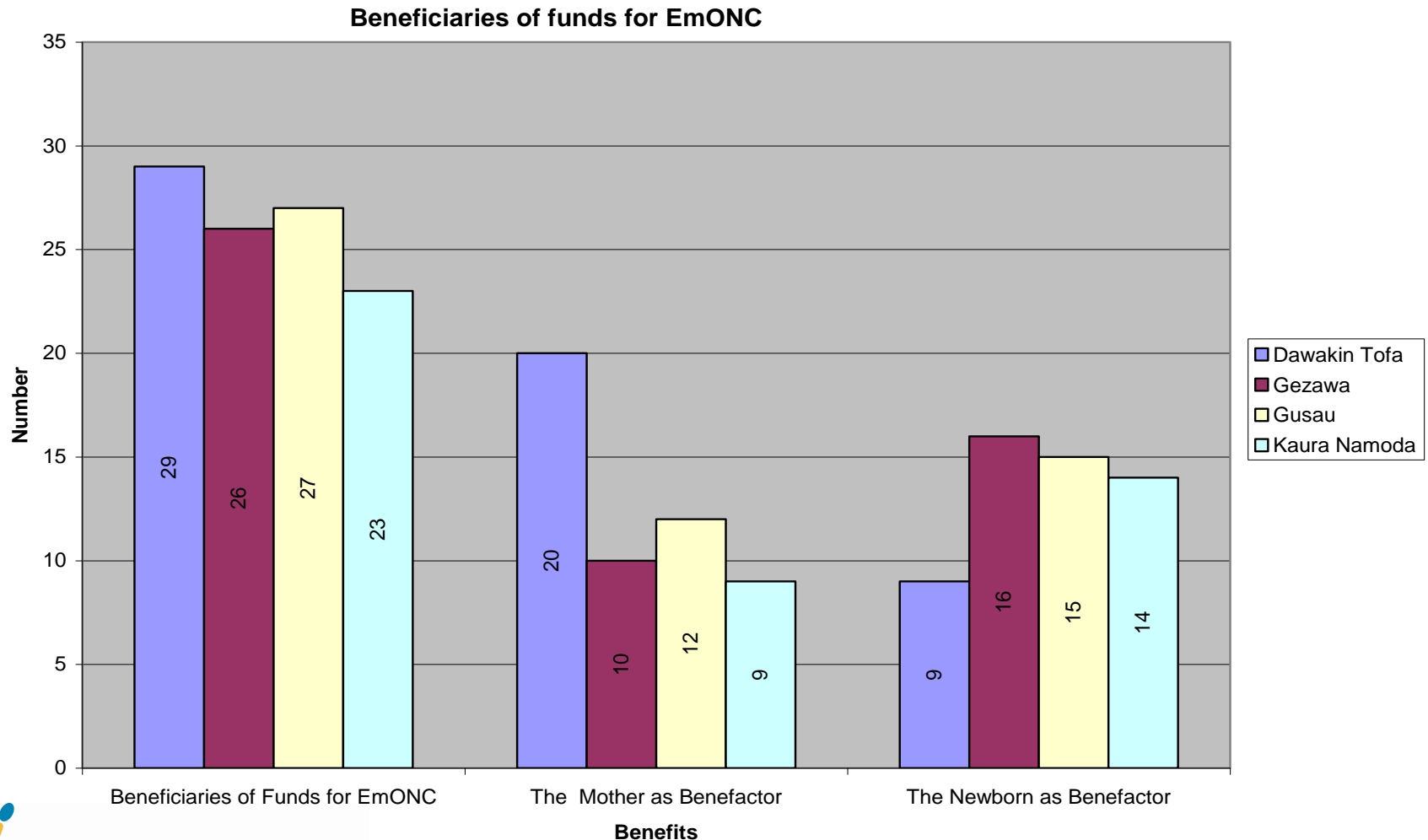
Total number of beneficiaries by type



Total beneficiaries of economic empowerment loan by type



Total number of beneficiaries of funds for EmONC by benefactor



Conclusion

- The activities of the loans clubs show that individuals and groups within communities can contribute significantly to reducing complications associated with pregnancy, labour and delivery
- The strategy of operation of the loans clubs recognize the ability of women to create supportive environment for women to access resources needed in reducing Maternal Mortality and improving facility based service utilization in Northern Nigeria
- Also involving women in identifying pregnancy related problems and mapping out strategies to address the problems is one of the approaches that can be replicated in other areas with high maternal and newborn death



**Thank
you !**

